

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Anonsen	William	Finn	808 232-1831	
MAILING ADDRESS (Street)			FAX	
P.O. Box 6387			808 235-5660	
(City)	(State)		(Zip Code)	
Kaneohe	Hawaii		96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
			808 232-1831	
MAILING ADDRESS (Street)			FAX	
P.O. Box 6387			808 235-5660	
(City)	(State)		(Zip Code)	
Kaneohe	Hawaii		96744	

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU	TELEPHONE					
Maritime Consultants of t	808 232-1831					
MAILING ADDRESS (Street)	FAX					
P.O. Box 6387		808 235-5660				
(City)	(State)	(Zip Code)				
Kaneohe	Hawaii	96744				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE				
William F. Anonsen		808 232-1831				
MAILING ADDRESS (Street)		FAX				
P.O. Box 6387		808 235-5660				
(City)	(State)	(Zip Code)				
Kaneohe	Hawaii	96744				

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	NI OE LOPPYIOT				
	ON OF LOBBYIST				
i nereby certify that th	e information furnished abov	e is, to the best of my knowled	lge, correct and complete.		
Willia	nd. Knopse		1/15/07		
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
William F. Anonsen	Principal				
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Maritime Consultants of the Pacific, LLC			808 232-1831		
MAILING ADDRESS (Street)			FAX		
P.O. Box 6387			808 232-1831		
(City)	(State)		(Zip Code)		
Kaneohe	Hawaii 96744		96744		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented)			(Date)		